

ABBOTSFORD DISTRICT TEACHERS’ ASSOCIATION

2570 Cyril Street, Abbotsford, B.C. V2S 2G2

Telephone: 604-854-1946 Fax: 604-850-5100 www.adta.bc.ca

District Committee Application Form

Greetings,

Thank you for your interest in sitting on a District #34 committee as a representative for the ADTA. Please take a few moments to complete the following application, as it will be used in accordance with *Article A.5 Committee Membership*, in determining the selection of all committee members who are ultimately appointed by the ADTA Executive.

Committee name:

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your School/Worksite: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any district committees that you are currently sitting on.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you wish to sit on this district committee?

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What skills or expertise would you bring to this position?

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\*Please note that as a member of the committee, you will be representing the ADTA, and may be requested to report to the ADTA Executive on the progress of the committee’s work.

Please forward completed application to the ADTA office